

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



February 28, 2002

Regulation Package #0500-11

CDSS MANUAL LETTER NO. CCL-01-20

TO: HOLDERS OF THE COMMUNITY CARE LICENSING MANUAL, TITLE 22, DIVISION 6,  
CHAPTER 8, RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

**Regulation Package #0500-11****Effective 10/24/01****Section 87101, 87102 , 87570, 87575, 87575.1, 87701, 87701.1, 87701.2 87702, 87716, 87716.1 and 87721**

In 1999, the legislature amended Health and Safety Code Section 1569.73, deleting the requirement that an individual reside in a facility for a period of at least six months prior to a physician's authorization for hospice services (Statutes of 1999, Chapter 114 (SB 1248), §1). This statutory change requires a corresponding regulatory change in 22 CCR, §87717 (h)(2). In addition to revising Section 87716(h)(2), the proposed hospice amendments move the regulatory requirements that are specific to hospice care, currently interspersed with general regulatory requirements, and place them in two sequential regulations, i.e., Sections 87716 and 87716.1.

As a result of statutory changes, two other amendments are included in this regulation package. Specifically, Chapter 658, Statutes of 1999 (AB 891) amends the term "Advance Directive," and Chapter 578, Statutes of 1998 (AB 1338), requires RCFEs to inform residents of their right to make decisions concerning their medical care.

Additionally, this regulation package adopts Section 87701.1 entitled "Restricted Health Conditions." This section is adopted to clarify and make specific those health conditions, currently listed as prohibited health conditions in Section 87701, that may be cared for in the facility, provided the licensee complies with the applicable RCFE regulation(s) for each condition(s). Facilities must currently request and obtain an exception from the Department to care for an individual with any prohibited health condition(s). Exceptions for health conditions that require minimal oversight are routinely approved. Application for an exception will not be necessary for conditions listed in the new "Restricted Health Conditions", Section 87701.1. The licensee is required to comply with the applicable regulations in caring for an individual with the restricted condition. Adopting the "Restricted Health Conditions" section does not expand licensee authority to care for a resident with a health condition. Health conditions requiring a higher degree of oversight remain in the "Prohibited Health Conditions" section. Placing less serious conditions in the new restricted category will result in time savings for the licensee, who need not apply for the exception, as well as the Department.

## **FILING INSTRUCTIONS**

**Revisions to all manuals are shown in graphic screen.** The attached pages are to be entered in your copy of the Manual of Policies and Procedures. The latest prior manual letter containing Community Care Licensing changes was Manual Letter No. CCL-01-19. The latest prior manual letter Residential Care Facilities for the Elderly changes was Manual Letter No. CCL-01-15.

<u>Page(s)</u>	<u>Replace(s)</u>
1 through 4	Pages 1 through 4
6 and 7	Pages 6 and 7
8.2 and 9	Pages 8.2 and 9
15 and 15.1	Pages 15 & 15.1
27 and 28	Pages 27 through 28.1
89 and 90	Pages 89 and 90
94.1 through 98	Pages 94.1 through 98
126 through 129	Pages 126 through 129
132	Page 132
143.1 through 145	Pages 143.1 through 145

Attachment

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**Article 1. Definitions****87100 GENERAL****87100**

The provisions of Chapter 1, Division 6, shall not apply to the provisions of Chapter 8, Residential Care Facilities for the Elderly (RCFE).

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Section 1569.2, Health and Safety Code.

**87101 DEFINITIONS****87101**

For purposes of this chapter the following definitions shall apply:

- (a) (1) Administrator. "Administrator" means the individual designated by the licensee to act in behalf of the licensee in the overall management of the facility. The licensee, if an individual, and the administrator may be one and the same person.
- (2) Adult. "Adult" means a person who is eighteen (18) years of age or older.
- (3) Advance Health Care Directive. "Advance Health Care Directive" means a written instruction that relates to the provision of health care when the individual is incapacitated. Advance directives include, but are not limited to, a Durable Power of Attorney for Health Care, an Individual Health Care Instruction, a Request to Forego Resuscitative Measures, or a Do Not Resuscitate Form. In an advance directive, a person states choices for medical treatment and/or designates who should make treatment choices if the person creating the advance directive should lose decision-making capacity.
- (4) Allowable Health Condition. "Allowable Health Condition" means any health condition that the licensee is allowed to care for either in accordance with a specific regulation, or with an exception approved by the licensing agency. This includes restricted health conditions as specified in Section 87701.1.
- (5) Ambulatory Person. "Ambulatory Person" means a person who is capable of demonstrating the mental competence and physical ability to leave a building without assistance of any other person or without the use of any mechanical aid in case of an emergency.
- (6) Applicant. "Applicant" means any individual, firm, partnership, association, corporation, county, city, public agency or other government entity that has made application for a residential care facility for the elderly license, administrator certificate, or special permit.
- (7) Appropriately Skilled Professional: Means an individual that has training and is licensed to perform the necessary medical procedures prescribed by a physician. This includes but is not limited to the following: Registered Nurse (RN), Licensed Vocational Nurse (LVN), Physical Therapist (PT), Occupational Therapist (OT) and Respiratory Therapist (RT). These professionals may include, but are not limited to, those persons employed by a home health agency, the resident, or facilities and who are currently licensed in California.

**87101 DEFINITIONS (Continued)****87101**

- (2) Basic Services. "Basic Services" means those services required to be provided by the facility in order to obtain and maintain a license and include, in such combinations as may meet the needs of the residents and be applicable to the type of facility to be operated, the following: safe and healthful living accommodations; personal assistance and care; observation and supervision; planned activities; food service; and arrangements for obtaining incidental medical and dental care.
- (c) (1) Capacity. "Capacity" means that maximum number of persons authorized to be provided services at any one time in any licensed facility.
- (2) Care and Supervision. "Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:
- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
  - (B) Assistance with taking medication; as specified in Section 87575;
  - (C) Central storing and distribution of medications, as specified in Section 87575;
  - (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87575;
  - (E) Maintenance of house rules for the protection of residents;
  - (F) Supervision of resident schedules and activities;
  - (G) Maintenance and supervision of resident monies or property;
  - (H) Monitoring food intake or special diets.
- (3) Certificate holder. "Certificate holder" means a person who has a current administrator's certificate issued by the Department regardless of whether the person is employed as an administrator in a residential care facility for the elderly.
- (4) Certified administrator. "Certified administrator" means an administrator who has been issued a residential care facility for the elderly administrator certificate by the Department and whose certificate is current.
- (5) Classroom hour. "Classroom Hour" means sixty (60) minutes of classroom instruction with or without a break. It is recommended that no more than twenty (20) minutes of break time be included in every four (4) hours of instruction. No credit is given for meal breaks.



## 87101 DEFINITIONS (Continued)

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"Department" means the State Department of Social Services.

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- (6) Dietitian. "Dietitian" means a person who is eligible for registration by the American Dietetic Association.
- (7) Director. "Director" is defined in Health and Safety Code, Section 1569.2(c).

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**HANDBOOK BEGINS HERE**

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"Director" means the Director of the State Department of Social Services.

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- (8) Do-Not-Resuscitate (DNR) Form. "Do-Not-Resuscitate Form" means the pre-hospital do-not-resuscitate forms developed by the California Emergency Medical Services Authority and by other local emergency medical services agencies. These forms, when properly completed by a resident or (in certain instances) a resident's Health Care Surrogate Decision Maker, and by a physician, alert pre-hospital emergency medical services personnel to the resident's wish to forego resuscitative measures in the event of the resident's cardiac or respiratory arrest.
- (9) Documentation. "Documentation" means written supportive information including but not limited to the Licensing Report (Form LIC 809).
- (e) (1) Egress Alert Device. "Egress Alert Device" means a wrist band or other device which may be worn by a resident or carried on a resident's person, which triggers a visual or auditory alarm when the resident leaves the facility building or grounds.
- (2) Elderly Person. "Elderly Person" means, for purposes of admission into a residential care facility for the elderly, a person who is sixty (60) years of age or older.
- (3) Emergency Approval to Operate. "Emergency Approval to Operate" (EAO) means a temporary approval to operate a facility for no more than 60 days pending the issuance or denial of a license by the licensing agency.
- (4) Evaluator. "Evaluator" means any person who is a duly authorized officer, employee or agent of the Department including any officer, employee or agent of a county or other public agency authorized by contract to license community care facilities.

**87101 DEFINITIONS (Continued)****87101**

- (5) Evidence of Licensee's Death. "Evidence of Licensee's Death" shall include, but is not limited to, a copy of the death certificate, obituary notice, certification of death from the decedent's mortuary, or a letter from the attending physician or coroner's office verifying the death of the licensee.
- (6) Exception. "Exception" means a variance to a specific regulation based on the unique needs or circumstances of a specific resident or staff person. Requests for exceptions are made to the licensing agency by an applicant or licensee. They may be granted for a particular facility, resident or staff person, but cannot be transferred or applied to other individuals.
- (7) Existing Facility. "Existing Facility" means any facility operating under a **valid license** on the date of application for a **new license**.
- (f) (1) Facility Hospice Care Waiver. "Facility Hospice Care Waiver" means a waiver from the limitation on retention of residents who require more care and supervision than other residents and residents who are bedridden other than for a temporary illness. The Hospice Care Waiver granted by the Department will permit the retention in a facility of a designated maximum number of terminally ill residents who are receiving hospice services from a hospice agency. The Facility Hospice Care Waiver will apply only to those residents who are receiving hospice care in compliance with a hospice care plan meeting the requirements of Section 87716.
- (g) (1) Guardian. "Guardian" means a person appointed by the Superior Court pursuant to the provisions of Section 1500 et seq. of the Probate Code to care for the person, or person and estate, of another.
- (h) (1) Healing wounds include cuts, stage one and two dermal ulcers as diagnosed by a physician, and incisions that are being treated by an appropriate skilled professional with the affected area returning to its normal state. They may involve breaking or laceration of the skin and usually damage to the underlying tissues.
- (2) Health Care Provider. "Health Care Provider" means those persons described in Probate Code Section 4615: "a person who is licensed, certified, or otherwise authorized or permitted by the law of this state to administer health care in the ordinary course of business or practice of a profession."
- (3) Health Care Surrogate Decision Maker. "Health Care Surrogate Decision Maker" means an individual who participates in health care decision making on behalf of an incapacitated resident. Health care surrogate decision maker may be formally appointed (e.g., by the resident in a Durable Power of Attorney for Health Care or by a court in a conservatorship proceeding) or, in the absence of a formal appointment, may be recognized by virtue of a relationship with the resident (e.g., the resident's next of kin). The licensee or any staff member of the facility shall not be appointed health care surrogate decision maker.

**87101 DEFINITIONS (Continued)****87101**

- (B) A facility which is "providing care and supervision" as defined in Section 87101c.(2) includes, but is not limited to, one in which individual has been placed by a placement agency or family members.
- (C) A facility which is "held out as or represented as providing care and supervision" includes, but is not limited to:
- (1) A facility whose license has been revoked or denied, but the individual continues to provide care for the same or different clients with similar needs.
  - (2) A facility where change of ownership has occurred and the same clients are retained.
  - (3) A licensed facility that moves to a new location.
  - (4) A facility which advertises as providing care and supervision.
- (D) A facility which "accepts or retains residents who demonstrate the need for care and supervision" includes, but is not limited to:
- (1) A facility with residents requiring care and supervision, even though the facility is providing board and room only, or board only, or room only.
  - (2) A facility where it is apparent that care and supervision are being provided by virtue of the client's needs being met.
- (v) (1) Vendor. "Vendor" means a Department-approved institution, association, individual(s), or other entity that assumes full responsibility or control over a Department-approved Initial Certification Training Program and/or a Continuing Education Training Program.
- (2) Vendor applicant. "Vendor applicant" means any institution, association, individual(s), or other entity that submits a request for approval of an Initial Certification Training Program and/or a Continuing Education Training Program.
- (3) Voluntary. "Voluntary" means resulting from free will.
- (w) (1) Waiver. "Waiver" means a variance to a specific regulation based on a facility-wide need or circumstance which is not typically tied to a specific resident or staff person. Requests for waivers are made to the licensing agency, in advance, by an applicant or licensee.

<b>87101</b>	<b>DEFINITIONS (Continued)</b>	<b>87101</b>
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(x) (Reserved)

(y) (Reserved)

(z) (Reserved)

NOTE: Authority cited: Sections 1569.23(d), 1569.30, 1569.616(j), and 1569.698(c), Health and Safety Code. Reference: 42 CFR 418.3; Sections 1569.1, 1569.2, 1569.5, 1569.10, 1569.145, 1569.15, 1569.153, 1569.157, 1569.158, 1569.17, 1569.19, 1569.191(e), 1569.193(a) and (c), 1569.20, 1569.21, 1569.23, 1569.30, 1569.31, 1569.312, 1569.38, 1569.44, 1569.47, 1569.54, 1569.616, 1569.699(a), 1569.73, 1569.74, 1569.82, 5350, and 7185 et seq., Health and Safety Code; and Sections 1800, 4615, and 4753, Probate Code.

<b>87102</b>	<b>DEFINITIONS - FORMS</b>	<b>87102</b>
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The following forms, which are incorporated by reference, apply to the regulations in Title 22, Division 6, Chapter 8 (Residential Care Facilities for the Elderly).

(a) LIC 9139 (7/00) - Renewal of Continuing Education Course Approval, Administrator Certification Program.

(b) LIC 9140 (7/00) - Request for Course Approval, Administrator Certification Program.

(c) LIC 9141 (7/00) - Vendor Application/Renewal, Administrator Certification Program.

(d) PUB 325 (3/99) – Your Right To Make Decisions About Medical Treatment

(e) Core of Knowledge Guidelines (10/05/00) - RCFE 40-Hour Initial Certification.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1530 and 1569.616(i), Health and Safety Code; and Section 15376, Government Code.

<b>87116</b>	<b>PROGRAM FLEXIBILITY</b>	<b>87116</b>
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- (a) The use of alternate concepts, programs, services, procedures, techniques, equipment, space, personnel qualifications or staffing ratios, or the conduct of experimental or demonstration projects shall not be prohibited by these regulations provided that:
- (1) Such alternatives shall be carried out with provisions for safe and adequate services.
  - (2) A written request for a waiver or exception and substantiating evidence supporting the request shall be submitted in advance to the licensing agency by the applicant or licensee.
  - (3) Prior written approval of the licensing agency shall be received.
    - (A) In determining the merits of each request, the licensing agency shall use as guidelines the standards utilized or recommended by well-recognized state and national organizations as appropriate.
    - (B) The licensing agency shall provide written approval or denial.
- (b) Unless prior written approval of the licensing agency is received, all community care facilities shall maintain continuous compliance with the licensing regulations.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.30 and 1569.31, Health and Safety Code.

**87117 APPLICANT/LICENSEE MAILING ADDRESS****87117**

The applicant or licensee shall file his/her mailing address, in writing, with the licensing agency and shall notify the agency, in writing, of any change within 10 calendar days.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.15, 1569.20, 1569.22, 1569.30 and 1569.51, Health and Safety Code.

**87118 NONDISCRIMINATION****87118**

- (a) All licensed facilities shall receive persons on a nondiscriminatory basis according equal treatment and services without regard to race, color, religion, national origin or ancestry.
- (b) An exception shall be made in the case of any bona fide nonprofit religious, fraternal or charitable organization which can demonstrate to the satisfaction of the Department or the licensing agency that its primary or substantial purpose is not to evade this section.
  - (1) It may establish reception policies limiting or giving preference to its own members or adherents, provided, however, such membership is nondiscriminatory and such policies shall not be construed as a violation of this section.
  - (2) Any reception of nonmembers or nonadherents shall be subject to the requirements of this section.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.30 and 1569.31, Health and Safety Code.

**87570 RESIDENT RECORDS****87570**

- (a) A separate record shall be maintained for each resident. Such record shall be current and complete and shall be maintained in the facility or in a central administrative location readily available to facility staff and to Department staff.
- (b) Each record shall contain at least the following information:
  - (1) Resident's name and Social Security number.
  - (2) Dates of admission and discharge.
  - (3) Last known address.
  - (4) Birthdate.
  - (5) Religious preference, if any, and name and address of clergyman or religious advisor, if any.
  - (6) Names, addresses, and telephone numbers of responsible persons, defined by Section 87101r.(3), to be notified in case of accident, death, or other emergency.
  - (7) Name, address and telephone number of physician and dentist to be called in an emergency.
  - (8) Reports of the medical assessment specified in Section 87569, and of any special problems or precautions.
  - (9) The documentation required by Section 87702.1(a) for residents with an allowable health condition.
  - (10) Ambulatory status.
  - (11) Continuing record of any illness, injury, or medical or dental care, when it impacts the resident's ability to function or the services he needs.
  - (12) Current centrally stored medications as specified in Section 87575.
  - (13) The admission agreement and pre-admission appraisal, specified in Sections 87568 and 87583.
  - (14) Records of resident's cash resources as specified in Section 87227.

**87570 RESIDENT RECORDS (Continued)****87570**

- (c) All information and records obtained from or regarding residents shall be confidential.
- (1) The licensee shall be responsible for storing active and inactive records and for safeguarding the confidentiality of their contents. The licensee and all employees shall reveal or make available confidential information only upon the resident's written consent or that of his designated representative.
- (d) Original records or photographic reproductions shall be retained for a minimum of three (3) years following termination of service to the resident.
- (e) All resident records shall be open to inspection and audit, by the licensing agency or Department and shall be subject to reproduction upon demand, at a reasonable cost, during normal business hours.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.30, 1569.31, 1569.312, 1569.315, 1569.32, 1569.54, and 1569.73, Health and Safety Code; and Section 11006.9, Welfare and Institutions Code.

**87571 REGISTER OF RESIDENTS****87571**

- (a) In all licensed facilities, the following shall apply:
- (1) A current register of all residents in the facility shall be maintained; shall be updated as needed; shall be immediately available to licensing staff upon request; and shall contain the following information:
- (A) Resident's name and ambulatory status as specified in Sections 87570(b)(1) and (9).
- (B) Information on resident's attending physician, as specified in Section 87570(b)(7).
- (C) Information on the resident's responsible person, as specified in Section 87570(b)(6).
- (2) The register shall be kept in a central location at the facility.
- (A) The register shall be treated as confidential information pursuant to Section 87570(c).

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Section 1569.315, Health and Safety Code.



**87575 INCIDENTAL MEDICAL AND DENTAL CARE (Continued)****87575**

- (8) There shall be adequate privacy for first aid treatment of minor injuries and for examination by a physician if required.
- (9) If a facility has no medical unit on the grounds, a complete first aid kit shall be maintained and be readily available in a specific location in the facility. The kit shall be a general type approved by the American Red Cross, or shall contain at least the following:
  - (A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.
  - (B) Sterile first aid dressings.
  - (C) Bandages or roller bandages.
  - (D) Scissors.
  - (E) Tweezers.
  - (F) Thermometers.
- (b) If the resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medication.
- (c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:
  - (1) There is written direction from a physician, on a prescription blank, specifying the name of the resident, the name of the medication, all of the information in Section 87575(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication when the physician should be contacted for a medication reevaluation.
  - (2) Once ordered by the physician the medication is given according to the physician's directions.

**87575 INCIDENTAL MEDICAL AND DENTAL CARE (Continued)****87575**

- (3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.
- (d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration provided all of the following requirements are met:
  - (1) Facility staff shall contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist the resident in self-administration of that dose of medication.
  - (2) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the resident's facility record.
  - (3) The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.
- (e) For every prescription and nonprescription PRN medication for which the licensee provides assistance there shall be a signed, dated written order from a physician, on a prescription blank, maintained in the residents file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information.
  - (1) The specific symptoms which indicate the need for the use of the medication.
  - (2) The exact dosage.
  - (3) The minimum number of hours between doses.
  - (4) The maximum number of doses allowed in each 24-hour period.
- (f) Emergency care requirements shall include the following:
  - (1) The name, address, and telephone number of each resident's physician and dentist shall be readily available to that resident, the licensee, and facility staff.

**87575 INCIDENTAL MEDICAL AND DENTAL CARE (Continued)****87575**

- (2) The name, address and telephone number of each emergency agency to be called in the event of an emergency, including but not limited to the fire department, crisis center or paramedical unit or medical resource, shall be posted in a location visible to both staff and residents.
- (3) The name and telephone number of an ambulance service shall be readily available.
- (4) Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.

**87575 INCIDENTAL MEDICAL AND DENTAL CARE (Continued)****87575**

- (g) The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Sections 87575.1(c)(2) or (c)(3).
- (h) The following requirements shall apply to medications which are centrally stored:
- (1) Medications shall be centrally stored under the following circumstances:
    - (A) The preservation of medicines requires refrigeration, if the resident has no private refrigerator.
    - (B) Any medication is determined by the physician to be hazardous if kept in the personal possession of the person for whom it was prescribed.
    - (C) Because of potential dangers related to the medication itself, or due to physical arrangements in the facility and the condition or the habits of other persons in the facility, the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others.
  - (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.
  - (3) Each container shall carry all of the information specified in (6)(A) through (E) below plus expiration date and number of refills.
  - (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.
  - (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.
  - (6) The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes:
    - (A) The name of the resident for whom prescribed.
    - (B) The name of the prescribing physician.
    - (C) The drug name, strength and quantity.

**87575 INCIDENTAL MEDICAL AND DENTAL CARE (Continued)****87575**

- (D) The date filled.
  - (E) The prescription number and the name of the issuing pharmacy.
  - (F) Instructions, if any, regarding control and custody of the medication.
- (i) Prescription medications which are not taken with the resident upon termination of services, not returned to the issuing pharmacy, nor retained in the facility as ordered by the resident's physician and documented in the resident's record nor disposed of according to the hospice's established procedures or which are otherwise to be disposed of shall be destroyed in the facility by the facility administrator and one other adult who is not a resident. Both shall sign a record, to be retained for at least three years, which lists the following:
- (1) Name of the resident.
  - (2) The prescription number and the name of the pharmacy.
  - (3) The drug name, strength and quantity destroyed.
  - (4) The date of destruction.
- (j) In all facilities licensed for sixteen (16) persons or more, one or more employees shall be designated as having primary responsibility for assuring that each resident receives needed first aid and needed emergency medical services and for assisting residents as needed with self-administration of medications. The names of the staff employees so responsible and the designated procedures shall be documented and made known to all residents and staff.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1250, 1569.1, 1569.2, 1569.30, 1569.31, 1569.312, and 1569.73, Health and Safety Code.

**87575.1 ADVANCE HEALTH CARE DIRECTIVES, REQUESTS TO FOREGO RESUSCITATIVE MEASURES, AND DO-NOT-RESUSCITATE FORMS****87575.1**

- (a) Upon admission, a facility shall provide each resident, and representative or responsible person of each resident, with written information about the right to make decisions concerning medical care. This information shall include, but not be limited to, the department's approved brochure entitled "Your Right To Make Decisions About Medical Treatment," PUB 325, (3/99) and a copy of Sections 87575.1(b) and (c) of the regulations.
- (b) Residents shall be permitted to have a Request to Forego Resuscitative Measures, an Advance Health Care Directive and/or a Do-Not-Resuscitate (DNR) Form in their facility file.
- (c) If a resident who has a Request to Forego Resuscitative Measures, and/or an Advance Health Care Directive and/or a DNR form on file experiences a medical emergency, facility staff shall do one of the following:

**87575.1 ADVANCE HEALTH CARE DIRECTIVES, REQUESTS TO FOREGO RESUSCITATIVE MEASURES, AND DO-NOT RESUSCITATE FORMS (Continued) 87575.1**

- (1) Immediately telephone 9-1-1, present the Request to Forego Resuscitative Measures, Advance Health Care Directive and/or DNR form to the responding emergency medical personnel and identify the resident as the person to whom the order refers.
- (2) Immediately give the Request to Forego Resuscitative Measures, and/or Advance Health Care Directive and/or DNR form to a physician, registered nurse or licensed vocational nurse if the physician or nurse is in the resident's presence at the time of the emergency and assumes responsibility.
- (3) Facilities that employ health care providers, other than Home Health Agencies or Hospice Agencies, may comply with Health and Safety Code Section 1569.74.

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**HANDBOOK BEGINS HERE**

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Health and Safety Code Section 1569.74 states in relevant part:

- “(a) Licensed residential care facilities for the elderly that employ health care providers may establish policies to honor a request to forego resuscitative measures as defined in subdivision (b) of Section 4753 of the Probate Code.
- “(b) Any policy established pursuant to subdivision (a) shall meet all of the following conditions:
- (1) The policy shall be in writing and specify procedures to be followed in implementing the policy.
  - (2) The policy and procedures shall, at all times, be available in the facility for review by the department.
  - (3) The licensee shall ensure that all staff are aware of the policy as well as the procedures to be followed in implementing the policy.
  - (4) A copy of the policy shall be given to each resident who makes a request to forego resuscitative measures, and the resident's primary physician.
  - (5) A copy of the resident's request to forego resuscitative measures shall be maintained in the facility and shall be immediately available for review by facility staff, the licensed health care provider, and the department.

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**HANDBOOK CONTINUES**

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**87575.1 ADVANCE HEALTH CARE DIRECTIVES, REQUESTS TO FOREGO RESUSCITATIVE MEASURES, AND DO-NOT RESUSCITATE FORMS (Continued)**

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**HANDBOOK CONTINUES**

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- (6) Facility staff are prohibited, on behalf of any resident, from signing any directive document as a witness or from being the legally recognized surrogate decision maker.
- (7) The facility shall provide the resident's physician with a copy of the resident's request to forego resuscitative measures form.
- “(c) Any action by a facility that has established policies pursuant to subdivision (a), to honor a resident's request to forego resuscitative measures as provided for in subdivision (a) may only be taken by a licensed health care provider who is employed by the facility and on the premises at the time of the life threatening emergency.”

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**HANDBOOK ENDS HERE**

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- (c) After following the procedure in Section 87575.1(b)(1), (2), or (3), facility staff shall notify the resident's hospice agency and health care surrogate decision maker, if applicable.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.74, and 1569.156, Health and Safety Code; and Section 4753, Probate Code.

**87576 FOOD SERVICE****87576**

- (a) The total daily diet shall be of the quality and in the quantity necessary to meet the needs of the residents and shall meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council. All food shall be selected, stored, prepared and served in a safe and healthful manner.
- (b) The following food service requirements shall apply:
  - (1) Where all food is provided by the facility arrangements shall be made so that each resident has available at least three meals per day. Exceptions may be allowed on weekends and holidays providing the total daily food needs are met. Not more than fifteen (15) hours shall elapse between the third and first meal.
  - (2) Where meal service within a facility is elective, arrangements shall be made to assure availability of an adequate daily food intake for all residents who, in their admission agreement, elected meal service. If a resident's condition changes so that he is no longer able to cook or purchase his own meals, the admission agreement shall be modified and the resident provided full meal service.
  - (3) Between-meal nourishment or snacks shall be made available for all residents unless limited by dietary restrictions prescribed by a physician.
  - (4) Meals on the premises shall be served in a designated dining area suitable for the purpose and residents encouraged to have meals with other residents. Tray service shall be provided in case of temporary need.
  - (5) Meals shall consist of an appropriate variety of foods and shall be planned with consideration for cultural and religious background and food habits of residents.
  - (6) In facilities for sixteen (16) persons or more, menus shall be written at least one week in advance and copies of the menus as served shall be dated and kept on file for at least 30 days. Facilities licensed for less than sixteen (16) residents shall maintain a sample menu in their file. Menus shall be made available for review by the residents or their designated representatives and the licensing agency upon request.
  - (7) Modified diets prescribed by a resident's physician as a medical necessity shall be provided.



**Article 8. Incidental Medical Services****87700 HEALTH AND SAFETY PROTECTION****87700**

- (a) Acceptance by the licensee of residents with incidental medical needs shall be in accordance with the conditions specified in this article.
- (b) The provisions of this article shall be applicable and in conjunction with Articles 1 through 7 of this chapter.

NOTE: Authority cited: Section 1569.30(a), Health and Safety Code. Reference: Sections 1569.2(a), (e) and (j); 1569.30(b); and 1569.312; Health and Safety Code.

**87701 PROHIBITED HEALTH CONDITIONS****87701**

- (a) In addition to Section 87582(c), persons who require health services or have a health condition including but not limited to those specified below shall not be admitted or retained in a residential care facility for the elderly:
  - (1) Stage 3 and 4 dermal ulcers.
  - (2) Gastrostomy care.
  - (3) Use of liquid oxygen.
  - (4) Naso-gastric tubes.
  - (5) Staph infection or other serious infection.
  - (6) Residents who depend on others to perform all activities of daily living for them as set forth in Section 87584.
  - (7) Tracheostomies.

NOTE: Authority cited: Sections 1569.30 and 1569.698(c), Health and Safety Code. Reference: Sections 1569.2(a), (e), and (j), 1569.30, 1569.312, and 1569.72; Health and Safety Code.

**87701.1 RESTRICTED HEALTH CONDITIONS****87701.1**

- (a) Care for the following health conditions may be provided by the licensee, only as specified in Sections 87703 through 87713.
- (1) Administration of oxygen as specified in Section 87703.
  - (2) Catheter care as specified in Section 87707.
  - (3) Colostomy/ileostomy care as specified in Section 87705.
  - (4) Contractures as specified in Section 87709.
  - (5) Diabetes as specified in Section 87710.
  - (6) Enemas, suppositories, and/or fecal impaction removal as specified in Section 87706.
  - (7) Incontinence of bowel and/or bladder as specified in Section 87708.
  - (8) Injections as specified in Section 87711.
  - (9) Intermittent Positive Pressure Breathing Machine use as specified in Section 87704.
  - (10) Stage 1 and 2 dermal ulcers as specified in Section 87713(a)(3).
  - (11) Wound care as specified in Section 87713.

NOTE: Authority cited: Sections 1569.30, Health and Safety Code. Reference: Sections 1569.2(a), (e), and (j), 1569.30, 1569.312, and 1569.72, Health and Safety Code.

**87701.2 HEALTH CONDITION RELOCATION ORDER****87701.2**

- (a) If a resident has a health condition which cannot be cared for within the limits of the license, requires inpatient care in a health facility, or has a health condition prohibited by Section 87582(c) or Section 87701, the Department shall order the licensee to relocate the resident.
- (b) When the Department orders the relocation of a resident, the following shall apply:

**87701.2 HEALTH CONDITION RELOCATION ORDER (Continued)****87701.2**

- (1) The Department shall give written notice to the licensee ordering the relocation of the resident and informing the licensee of the resident's right to an interdisciplinary team review of the relocation order as specified in Section 87701.5. Notice of the health condition relocation order and information about the right to request an interdisciplinary team review of the relocation order shall be given to the resident, by the Department, and sent to the resident's responsible person, if any.
  - (A) If the resident has no responsible person, as defined in Section 87101, the relocation order shall be sent to the representative payee, if any. In such cases, the Department shall also notify the State Long-Term Care Ombudsman of the relocation order by telephone.
  - (B) The notice shall advise that the licensee may request an administrative review of the health condition relocation order, and may request that an exception or waiver be granted or reinstated by the Department to allow retention of the resident in the facility.
- (2) The licensee shall prepare a written relocation plan in any instance where the Department does not suspend the facility license. The plan shall contain all necessary steps to be taken to reduce stress to the resident which may result in transfer trauma, and shall include but not be limited to:
  - (A) A specific date for beginning and a specific date for completion of the process of safely relocating the resident. The time frame for relocation may provide for immediate relocation but shall not exceed 30 days.
  - (B) A specific date when the resident and the resident's responsible person, if any, shall be notified of the need for relocation.
  - (C) A specific date when consultation with the resident's physician, and hospice agency, if any, shall occur to obtain a current medical assessment of the resident's health needs, to determine the appropriate facility type for relocation and to ensure that the resident's health care needs continue to be met at all times during the relocation process.
  - (D) The method by which the licensee shall participate in the identification of an acceptable relocation site with the resident and the responsible person, if any. The licensee shall advise the resident and/or the responsible person that if the resident is to be moved to another residential care facility for the elderly, a determination must be made that the resident's needs can be legally met in the new facility before the move is made. If the resident's needs cannot be legally met in the new facility, the resident must be moved to a facility licensed to provide the necessary care.

**87701.2 HEALTH CONDITION RELOCATION ORDER (Continued)****87701.2**

- (E) A list of contacts made or to be made by the licensee with community resources, including but not limited to, social workers, family members, Long Term Care Ombudsman, clergy, Multipurpose Senior Services Programs and others as appropriate to ensure that services are provided to the resident before, during and after the move. The need for the move shall be discussed with the resident and the resident assured that support systems will remain in place.
  - (F) Measures to be taken until relocation to protect the resident and/or meet the resident's health and safety needs.
  - (G) An agreement to notify the Department when the relocation has occurred, including the resident's new address, if known.
- (3) The relocation plan shall be submitted in writing to the Department within the time set forth in the LIC 809 (Rev. 5/88) Licensing Report by the Department that the resident requires health services that the facility cannot legally provide.
  - (4) Any changes in the relocation plan shall be submitted in writing to the Department. The Department shall have the authority to approve, disapprove or modify the plan.
  - (5) If relocation of more than one (1) resident is required, a separate plan shall be prepared and submitted in writing for each resident.
  - (6) The licensee shall comply with all terms and conditions of the approved plan. No written or oral contract with any other person shall release the licensee from the responsibility specified in this section or Section 87342.1 for relocating a resident who has a health condition(s) which cannot be cared for in the facility and/or which requires inpatient care in a licensed health facility, nor from taking all necessary actions to reduce stress to the resident.
  - (7) In cases where the Department determines that the resident is in imminent danger because of a health condition(s) which cannot be cared for in the facility or which requires inpatient care in a licensed health facility, the Department shall order the licensee to immediately relocate the resident.
- (A) No written relocation plan is necessary in cases of immediate relocation.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1250, 1569.1, 1569.2, 1569.30, 1569.31, 1569.312, 1569.54, and 1569.73, Health and Safety Code.

**87702 ALLOWABLE HEALTH CONDITIONS****87702**

- (a) A licensee shall be permitted to accept or retain in a Residential Care Facility for the Elderly persons who have a health condition(s) which requires incidental medical services including, but not limited to, the restricted health conditions specified in 87701.1.

NOTE: Authority cited: Section 1569.30(a), Health and Safety Code. Reference: Sections 1569.2(a), (e), and (j); 1569.30; and 1569.312; Health and Safety Code.

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<b>87715</b>	<b>PRN MEDICATIONS</b>	<b>87715</b>
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Repealed by Manual Letter No. CCL-97-14, effective 6/15/97.

<b>87716</b>	<b>HOSPICE CARE FOR TERMINALLY ILL RESIDENTS</b>	<b>87716</b>
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- (a) The licensee shall be permitted to retain terminally ill residents who receive hospice services from a hospice agency in the facility if all of the following conditions are met:
- (1) The licensee has received a hospice care waiver ~~from the department~~.
  - (2) The licensee remains in substantial compliance with the requirements of ~~this section~~, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly, and with all terms and conditions of the waiver.
  - (3) Hospice agency services are contracted for by each terminally ill resident individually, or the resident's Health Care Surrogate Decision Maker if the resident is incapacitated, not by the licensee on behalf of a resident. ~~These hospice agency services must be provided by a hospice agency both licensed by the state and certified by the federal Medicare program.~~

**87716 HOSPICE CARE FOR TERMINALLY ILL RESIDENTS (Continued)****87716**

- (4) A written hospice care plan is developed for each terminally ill resident by that resident's hospice agency, and agreed to by the licensee and the resident, or the resident's Health Care Surrogate Decision Maker, if any, prior to the initiation of hospice services in the facility for that resident, and all hospice care plans are fully implemented by the licensee and by the hospice(s).
  - (5) The retention of any terminally ill resident in the facility does not represent a threat to the health and safety of any facility resident, or result in a violation of the personal rights of any facility resident.
  - (6) The hospice agency and the resident agree to provide the licensee with all information necessary to allow the licensee to comply with all regulations and to assure that the resident's needs are met.
- (b) A current and complete hospice care plan shall be maintained in the facility for each hospice resident and include the following:
- (1) The name, office address, business telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's physician.
  - (2) A description of the services to be provided in the facility by the hospice agency including but not limited to the type and frequency of services to be provided.
  - (3) Designation of the resident's primary contact person at the hospice agency, and resident's primary and alternate care giver at the facility.
  - (4) A description of the area of licensee's responsibility for implementing the plan including, but not limited to, facility staff duties; record keeping; and communication with the hospice agency, resident's physician, and the resident's responsible person(s), if any. This description shall include the type and frequency of the tasks to be performed by the facility.
    - (A) The plan shall specify all procedures to be implemented by the licensee regarding the storage and handling of medications or other substances, and the maintenance and use of medical supplies, equipment, or appliances.
    - (B) The plan shall specify, by name or job function, the licensed health care professional on the hospice agency staff who will control and supervise the storage and administration of all controlled drugs (Schedule II - V) for the hospice client. Facility staff can assist hospice residents with self-medications without hospice personnel being present.
    - (C) The plan shall neither require nor recommend that the licensee or any facility personnel other than a physician or appropriately skilled professional implement any health care procedure which may legally be provided only by a physician or appropriately skilled professional.



**87716 HOSPICE CARE FOR TERMINALLY ILL RESIDENTS (Continued) 87716**

- (5) A description of all hospice services to be provided or arranged in the facility by persons other than the licensee, facility personnel, or the hospice agency including, but not limited to, clergy and the resident's family members and friends.
- (6) Identification of the training needed, which staff members need this training, and who will provide the training relating to the licensee's responsibilities for implementation of the hospice care plan.
  - (A) The training shall include but not be limited to typical needs of hospice patients, such as turning and incontinence care to prevent skin breakdown, hydration, and infection control.
  - (B) The hospice agency will provide training specific to the current and ongoing needs of the individual resident receiving hospice care and that training must be completed before hospice care to the resident begins.
- (7) Any other information deemed necessary by the Department to ensure that the terminally ill resident's needs for health care, personal care, and supervision are met.
- (c) The licensee shall ensure that the hospice care plan complies with the requirements of this section, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), and all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly.
- (d) The licensee shall ensure that the hospice care plan is current, accurately matches the services actually being provided, and that the client's care needs are being met at all times.
- (e) The Department may require that the licensee obtain a revision of the hospice care plan if the plan is not fully implemented, or if the Department has determined that revision of the plan is necessary to protect the health and safety of any facility resident.
- (f) The licensee shall maintain a record of all hospice-related training provided to the licensee or facility personnel for a period of three years. This record shall be available for review by the Department.
  - (1) The record of each training session shall specify the names and credentials of the trainer, the persons in attendance, the subject matter covered, and the date and duration of the training session.

**87716 HOSPICE CARE FOR TERMINALLY ILL RESIDENTS (Continued)****87716**

- (g) In addition to the reporting requirements specified in Section 87561, the licensee shall submit a report to the Department when a terminally ill resident's hospice services are interrupted or discontinued for any reason other than the death of the resident, including refusal of hospice care or discharge from hospice. The licensee shall also report any deviation from the resident's hospice care plan, or other incident, which threatens the health and safety of any resident.
- (1) Such reports shall be made by telephone within one working day, and in writing within five working days, and shall specify all of the following:
- (A) The name, age, sex of each affected resident.
- (B) The date and nature of the event and explanatory background information leading up to the event.
- (C) The name and business telephone number of the hospice agency.
- (D) Actions taken by the licensee and any other parties to resolve the reportable event and to prevent similar occurrences in the future.
- (h) For each terminally ill resident receiving hospice services in the facility, the licensee shall maintain the following in the resident's record:
- (1) The resident's or the resident's Health Care Surrogate Decision Maker's written request for retention and hospice services in the facility, along with any Advance Health Care Directive, Request to Forego Resuscitative Measures, and/or Do-Not-Resuscitate Form executed by the resident or (in certain instances) the resident's Health Care Surrogate Decision Maker.
- (2) The name, address, telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's Health Care Surrogate Decision Maker, if any, in a manner that is readily available to the resident, the licensee, and facility staff.
- (3) A copy of the written certification statement of the resident's terminal illness from the medical director of the hospice or the physician member of the hospice interdisciplinary group and the individual's attending physician, if the individual has an attending physician.
- (4) A copy of the resident's current hospice care plan approved by the licensee, the hospice agency, and the resident, or the resident's Health Care Surrogate Decision Maker if the resident is incapacitated.

**87716 HOSPICE CARE FOR TERMINALLY ILL RESIDENTS (Continued) 87716**

- (5) A statement signed by the resident's roommate, if any, indicating his or her acknowledgment that the resident intends to receive hospice care in the facility for the remainder of the resident's life, and the roommate's voluntary agreement to grant access to the shared living space to hospice caregivers, and the resident's support network of family members, friends, clergy, and others.
- (A) If the roommate withdraws the agreement verbally or in writing, the licensee shall make alternative arrangements which fully meet the needs of the hospice resident.
- (i) Prescription medications no longer needed shall be disposed of in accordance with Section 87575(i).
- (j) Approval from the department is not needed for any of the restricted health conditions listed in Section 87701.1, provided the resident is currently receiving hospice care, and the restricted health condition is addressed in the hospice care plan.
- (1) In caring for a resident's health condition, facility staff, other than appropriately skilled health professionals, shall not perform any health care procedure that under law may only be performed by an appropriately skilled professional.
- (k) The licensee shall maintain a record of dosages of medications that are centrally stored for each resident receiving hospice services in the facility.
- (l) Residents receiving hospice care who are bedridden as defined in Section 87582(d), may reside in the facility provided the facility notifies the local fire authority of the estimated length of time the resident will be bedridden. Notification must occur within 48 hours of the individual's bedridden status.
- (m) Nothing contained in this section or in Chapter 8 precludes the Department from requiring the relocation of a terminally ill resident whose needs for personal care and supervision or health care are not being met in the facility.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.30, 1569.31, 1569.312, 1569.54, and 1569.73, Health and Safety Code.

**87716.1 FACILITY HOSPICE CARE WAIVER****87716.1**

- (a) In order to retain terminally ill residents and permit them to receive care from a hospice agency, the licensee shall have obtained a facility hospice care waiver from the Department. To obtain this waiver the licensee shall submit a written request for a waiver to the Department on behalf of any future residents who may request retention and hospice services in the facility. The request shall include, but not be limited to the following:
- (1) Specification of the maximum number of terminally ill residents which the facility wants to have at any one time.

**87716.1 FACILITY HOSPICE CARE WAIVER (Continued)****87716.1**

- (2) A statement by the licensee that they have read, Section 87716, this section and all other requirements within Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly and that they will comply with these requirements.
  - (3) A statement by the licensee that the terms and conditions of all hospice care plans which are designated as the responsibility of the licensee, or under the control of the licensee, shall be adhered to by the licensee.
  - (4) A written statement from the licensee that hospice services will only be provided to individuals who are residents of the facility, prior to the initiation of hospice services.
- (b) The Department shall deny a waiver request if the licensee is not in substantial compliance with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.) and the requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly.
- (c) No waiver request will be approved unless the facility demonstrates the ability to meet the care and supervision needs of terminally ill residents, and states a willingness to provide additional care staff if required by the hospice care plan.
- (d) If the Department grants a hospice care waiver it shall stipulate terms and conditions of the waiver as necessary to ensure the well-being of terminally ill residents and of all other facility residents, which shall include, but not be limited to, the following requirements:
- (1) A written request shall be signed by each terminally ill resident or the resident's health care surrogate decision maker to allow his or her retention in the facility while receiving hospice services.
    - (A) The request shall be maintained in the resident's record at the facility, as specified in Section 87716(h)(1).
  - (2) The licensee shall notify the Department in writing within five working days of the initiation of hospice care services in the facility for any terminally ill resident. The notice shall include the resident's name and date of admission to the facility and the name and address of the hospice.
- (e) Within 30 days of receipt of an acceptable request for a hospice care waiver, the department shall notify the applicant or licensee, in writing of one of the following:
- (1) The request with substantiating evidence has been received and accepted for consideration.
  - (2) The request is deficient, describing additional information required for the request to be acceptable and a time frame for submitting this information.
    - (A) Failure of the applicant or licensee to comply within the time specified in (2) above shall result in denial of the request.

- (3) Within 30 days of receipt of an acceptable request for a waiver, the licensing agency shall notify the applicant or licensee, in writing, whether the request has been approved or denied.

NOTE: Authority cited: Section 1569.30, Health and Safety Code. Reference: Sections 1569.1, 1569.2, 1569.10, 1569.11, 1569.15, 1569.30, 1569.31, 1569.312, 1569.54, and 1569.73, Health and Safety Code.

**87720 ADMINISTRATIVE REVIEW - INCIDENTAL MEDICAL SERVICES****87720**

- (a) For purposes of this article, any request for administrative review of a notice of deficiency, notice of penalty, or health condition relocation order shall be submitted by the licensee or his/her designated representative in writing to the Department and, in addition to the requirements of Section 87455, shall include the following:
- (1) The reason(s) the licensee disagrees with the notice or order.
  - (2) Information about the resident as specified in Section 87702.1(a).
  - (3) A current appraisal or reappraisal of the resident as specified in Sections 87583(c)(1) and 87587.
  - (4) A written statement from the resident's placement agency, if any, addressing the notice or order.

NOTE: Authority cited: Sections 1569.30 and 1569.30(a), Health and Safety Code. Reference: Sections 1569.2(a), (e), and (j); 1569.30; 1569.30(b); 1569.312; and 1569.54; Health and Safety Code.

**87721 INCIDENTAL MEDICAL RELATED SERVICES EXCEPTIONS****87721**

- (a) As specified in Section 87116 the licensee may submit a written exception request if he/she agrees that the resident has a prohibited ~~and/or restrictive~~ health condition but believes that the intent of the law can be met through alternative means.
- (b) Written requests shall include, but are not limited to, the following:
  - (1) Documentation of the resident's current health condition including updated medical reports, other documentation of the current health, prognosis, and expected duration of condition.
  - (2) The licensee's plan for ensuring that the resident's health related needs can be met by the facility.
  - (3) Plan for minimizing the impact on other residents.

NOTE: Authority cited: Section 1569.30(a), Health and Safety Code. Reference: Sections 1569.2(a), (e), and (j); 1569.30(b); and 1569.312; Health and Safety Code.